

CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

Sharron E Angle**State Senate, Washoe District 3****3**

Name (print)

Office (if applicable)

District (if applicable)

P O Box 33058, Reno, NV, 89533**775-787-6017**

Mailing Address (include city and zip code)

Telephone No.

angle@iglide.net

E-Mail Address

Select Appropriate Box(es)

☒ CANDIDATE ☐ PAC ☐ POL PRY ☐ IND EXP ☐ NONPROFIT CORP
☐ LEGAL DEFENSE FUND ☐ AMENDED

- ☐ **Annual Filing - Due January 15, 2008**
Period: Jan 01, 2007 - Dec 31, 2007
- ☐ **Report #1 - Due August 05, 2008***
Period: Jan 01, 2008 - Jul 31, 2008
- ☐ **Report #2 - Due October 28, 2008***
Period: Aug 01, 2008 - Oct 23, 2008
- ☒ **Report #3 - Due January 15, 2009****
Period: Oct 24, 2008 - Dec 31, 2008
- ☐ **Annual Filing - Due January 15, 2009**
Period: Jan 01, 2008 - Dec 31, 2008

FILE

Jan 15 2009

**ROSS MILLER
SECRETARY OF STATE**

FOR OFFICE USE ONLY

* These Reports are filed by incumbents/candidates running for office in the 2008 election cycle

** Third Report suffices for 2009 Annual Filing if candidate also filed Report Nos. 1 and 2

CONTRIBUTIONS SUMMARY

	This Period	Cumulative From Beginning of Report Period #1 through End of This Reporting Period
1. Total Monetary Contributions Received in Excess of \$100 (See page 2 of instruction sheet)	\$ 0.00	\$ 50,076.03
2. Total Monetary Contributions Received of \$100 or Less (See page 2 of instruction sheet)	\$ 0.00	\$ 0.00
3. Total Monetary Contributions in the form of loans guaranteed by a third party. (See page 2 of instruction sheet)	\$ 0.00	\$ 0.00
4. Total Monetary Contributions in the form of loans that were forgiven (See page 2 of instruction sheet)	\$ 0.00	\$ 0.00
5. Total Amount of Monetary Contributions Received (Add Lines 1 through 4) (See page 2 of instruction sheet)	\$ 0.00	\$ 50,076.03
6. Total Amount of Written Commitments for Contributions (When commitment is funded, report as contribution (monetary or in kind)) (See page 2 of instruction sheet)	\$ 0.00	\$ 0.00
7. Total Value of In Kind Contributions Received in Excess of \$100 (See page 2 of instruction sheet)	\$ 0.00	\$ 0.00

EXPENSES SUMMARY

8. Total Monetary Expenses Paid in Excess of \$100 (See page 2 of instruction sheet)	\$ 285.73	\$ 50,340.53
9. Total Monetary Expenses Paid of \$100 or Less (See page 3 of instruction sheet)	\$ 0.00	\$ 0.00
10. Total Amount of All Monetary Expenses Paid (Add Lines 8 and 9) (See page 3 of instruction sheet)	\$ 285.73	\$ 50,340.53
11. Total Value of In Kind Expenses in Excess of \$100 (See page 3 of instruction sheet)	\$ 0.00	\$ 0.00
12. Disposition of Unspent Contributions (Only reported on Report #3, Annual Report or 15th day of the second month after candidates defeat or incumbent does not run for reelection) (See page 3 of instruction sheet)	\$ 0.00	

AFFIRMATION

I Declare Under Penalty of Perjury That the Foregoing is True and Correct.

Alan B. Mills

Signature

01/15/2009

Date

Report Period # 3

3

District (if applicable)

Written Commitments in Excess of \$100 or, When Added Together from One Entity Exceeds \$100
Transfer Total Amount of All Written Commitments to Line 6 of Contributions Summary

[illegible]

<http://nvsos.gov/SOSCandidateServices/AnonymousAccess/ViewCCEReport.aspx?syn=W6D2B9...> 1/15/2009

**** NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.**

CAMPAIGN EXPENSESReport Period **# 3****Sharron E Angle****State Senate, Washoe District 3****3**

Name (print)

Office (if applicable)

District (if applicable)

Expenses in Excess of \$100**Transfer Total Amount of All Campaign Expenses to Line 8 of Expenses Summary**

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
Bank of America P.O. Box 25118 Tampa, FL 33622-5118	A	10/31/2008	\$11.00
	A	11/28/2008	\$11.00
	A	12/31/2008	\$11.00
Office Depot 9701 So. Eastern Ave. Las Vegas, NV 89123	A	11/07/2008	\$252.73

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IN KIND CONTRIBUTIONS AND EXPENSES REPORT

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH IN KIND CONTRI- BUTION	DESCRIPTION OF EACH IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION/ COMMITMENT	CHECK HERE IF LOAN	NAME AND ADDRESS OF 3rd PARTY IF LOAN GUARANTEED BY 3rd PARTY	NAME AND ADDRESS OF PERSON WHO FORGAVE THE LOAN

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IN KIND
WRITTEN COMMITMENTS

Report Period # 3

Sharron E Angle
Name (print)

State Senate, Washoe District 3
Office (if applicable)

3
District (if applicable)

EXPENSES

Report Period # 3

Sharron E Angle

State Senate, Washoe District 3

3

Name (print)

Office (if applicable)

District (if applicable)

IN KIND

Expenses in Excess of \$100

Transfer Total Value of All In-Kind Campaign Expenses to Line 11 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE

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Prescribed by Secretary of State

NRS 294A.120, 294A.125,

294A.140, 294A.150, 294A.160

294A.200, 294A.210, 294A.220, 294A.362